



Texas A&M University Laser Safety Program Laser Amendment Form

Please complete all applicable items on the amendment including the required signature. For further questions, contact the Radiological Safety Office at (979) 845-1361

TAMU Radiological Safety, EHS, Mail Stop 4472

PERMIT INFORMATION:

PERMITTEE:	PERMIT NUMBER:	DEPT:
OFFICE PHONE:	MAIL STOP:	EMAIL:

TYPE OF ACTION:

- | | |
|--|---|
| <input type="checkbox"/> Additional Use Location | <input type="checkbox"/> Add Equipment |
| <input type="checkbox"/> Remove a Use Location | <input type="checkbox"/> Delete Equipment |

For the addition or removal of a use location, please complete **section A**. For the addition or deletion of new laser equipment, please complete **BOTH sections A and B**.

SECTION A:

LASER SERIAL #:	MANUFACTURER:	MODEL:
PROPOSED USE LOCATION (BUILDING/ROOM):	TAMU ASSET#:	

USE CATEGORY *(Check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Human <i>(Healing Arts)</i> | <input type="checkbox"/> Academic/Educational <i>(Classroom & Demonstration lasers)</i> |
| <input type="checkbox"/> Veterinary | <input type="checkbox"/> Mobile <i>(Fixed on vehicles, or used at temporary job sites)</i> |
| <input type="checkbox"/> Industrial <i>(Engravers, 3D Printers, etc.)</i> | |
| <input type="checkbox"/> Research | |

SECTION B:



CLASS: IIIb or IV	DESCRIPTION (Dye, Argon, Diode, Excimer, etc.):
BEAM DIAMETER (mm):	BEAM DIVERGENCE (milliradian):
EXCITATION MECHANISM (Optical, electrical, chemical, etc.):	WAVELENGTH (nm):
LENS or FIBER OPTIC SPECIFICATIONS (If Applicable):	

OPERATION MODE (select one)

<u>PULSED OR Q-SWITCHED</u>	<u>CONTINUOUS WAVE</u>
PULSE DURATION (s):	AVG. POWER (W):
PULSE FREQUENCY (Hz):	MAX. POWER (W):
AVG. JOULES/PULSE (J):	
MAX. JOULES/PULSE (J):	
MAX. POWER (W):	

Statement of use: Describe the purpose for which the laser device(s) will be used. Use additional sheets, if necessary. **Please attach a schematic of the proposed use location showing the location of laser device(s), a picture of the laser device to be added, and a copy of the manufacturer's specification sheet if available.**

List the name and title of each individual who will use or directly supervise the use of the laser device. Include names of technicians, students and the date of their respective laser safety training.

Safety protocols: Describe procedures or engineered safety features which will be used to minimize hazards during operation of the laser device(s):

PERMIT HOLDER:

Signature

Date

Please print or type name

DEPARTMENT HEAD (or Designee): *Required for new use locations only.

Signature

Date

Please print or type name

State law requires that you be informed of the following: (1) you are entitled to request the information collected through this form about yourself (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have that information corrected at no charge to you.

Contact: radiological-safety@tamu.edu or (979) 845-1361